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ABSTRACT

A study examined the views of graduates of the baccalaureate degree program in health occupations education (HOE) at the Indiana University School of Education in Indianapolis concerning both the quality of the existing curriculum and university services and the extent to which the HOE program is meeting its objective of preparing credentialed and experienced HOE practitioners. Of the 148 surveys originally mailed out, 70 were returned and 67 were used as the database for the study. Forty-two respondents indicated that the program in question had prepared them well for their first teaching responsibility after graduation; only two individuals answered this question with the most negative response on the 5-point rating scale used. At the time of the survey, 41 respondents were in teaching or teaching-related positions. Responses to a series of Likert scale items pertaining to courses, content, enrollment, and university services also indicated a high degree of graduate satisfaction with the HOE program and with supporting university services. (The survey instrument is included in this report.) (MN)

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CURRICULUM PRODUCT EVALUATION:
A survey of graduates of a Baccalaureate Degree in Health Occupations Education

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ABSTRACT

A mail survey of graduates of a baccalaureate degree Health Occupations Education teacher education program was conducted as a means of curriculum product evaluation. Responses received from more than 50% of the population provided favorable evaluation of most current curricular content. Opinions regarding proposed curricular content were also sought. Campus services and processes were rated satisfactory by a majority of the respondents. Demographic variables and information provided to open ended questions were rated according to derived criteria. It was determined that the program of studies was successful in achieving its declared purpose, that of preparing enrollees for progress as educators.

Introduction

Curriculum evaluation is essential to every educational process. Because Health Occupations teacher education has only been offered since the late sixties, the need for evaluative review is especially significant.

In 1977 Finch and Bjorkquist described curriculum evaluation as being comprised of four elements similar to Stuffelbeam's CIPP model.

> CONTEXT evaluation deals with whether or not to offer a curriculum and, if so what its parameters will be including focus, goals and objectives.
>
> INPUT evaluation relates to deciding what resources and strategies will be used to achieve curriculum goals and objectives.
>
> PROCESS evaluation focuses on determining what effect the curriculum has on students in school.
>
> PRODUCT evaluation deals with examining the curriculum's effects on former students.(247-8)

Timing and implementation of the four elements of a CIPP Evaluation process varies. Some of the evaluation process is continual. For example, Finch and Bjorkquist reported that

context and input evaluation are employed as the curriculum is being planned and designed." Process evaluation,however, focuses on decisions associated with curriculum effects on students, whereas product evaluation is more closely aligned with decisions about curriculum effects related to former students."(248) Although not always formalized, process evaluation is virtually a day by day activity with the results incorporated continuously.

Curriculum Product Evaluation

Curriculum product evaluation requires formalization in order to provide the quantity and quality of information needed. Questions to be answered in product evaluation procedures include:

1. What is the mobility of former students?
2. How satisfied are former students with their positions?
3. How do employers view the performance of former students?
4. How adequate is the curriculum preparing individuals for job entry?(251)

An ideal product evaluation of a curriculum is a comprehensive activity that includes multiple inquiries of former students, employers,superordinates, professional colleagues, and professional organization members. While such a comprehensive evaluation might be desirable,its impracticality and complexity often deter evaluators. Many curriculum evaluators,therefore, have included only the graduates in their product evaluation.

PURPOSE

This survey was designed to provide answers to two questions

about the baccalaureate degree,Health Occupations Education program of the Indiana University School of Education.The two questions were:

1. Has the program met its objective of preparing as educators, credentialed and experienced health care practitioners ?and
2. How do the graduates of baccalaureate program in Education with a major in Health Occupations Education rate both university services and the existing curriculum?

THE SURVEY AS METHODOLOGY:

The decision to conduct a survey of graduates in order to evaluate the curriculum was based upon advantages identified by authorities. Kerlinger,for example, supported the survey technique as" a useful tool for educational fact-finding".(421)In addition he also declared that surveys were "probably best adapted to obtaining personal and social facts, beliefs, and attitudes."(422) Survey methodology,however,has some disadvantages ;Kerlinger stated that "survey information ordinarily does not penetrate very deeply below the surface"and,that surveys are "demanding of time and money"(422) In this circumstance, the information requested was considered personalized opinion which would not require in depth considerations, thus moderating Kerlinger's first identified weakness of survey methodology. Currently, all educational institutions are acutely aware of the financial aspects of curriculum product evaluation. In this situation the relative cost of the survey compared to the expected outcomes,justified the cost.

Following the decision to conduct a survey, the researcher must select one of the following five methods as a means of gaining information: personal interview, mail questionnaire, panel, telephone, and controlled observation.(412) For this study,the decision to use the mailed questionnaire was based primarily on the geographic distribution of the former students.

Problems associated with a mailed questionnaire have also been enumerated by researchers. Kerlinger,for example, listed two drawbacks:"possible lack of response and the inability to check the responses given". (414) Furthermore, in his opinion, the defects are serious enough "to make the mail questionnaire worse than useless, except in highly sophisticated hands."(414) However, he also concludes that the "best advice" would be "not to use a mail questionnaire" IF a better method can be used.(Emphasis added)(414)

Kerlinger cites sampling error as a "natural" (in) "any research that uses sampling"(422).Rather than seek to identify a representative sample a decision was made to include the entire population of graduates,excluding foreign students who were known to have returned to their native country. Although the representativeness of the respondents affect the generalizability of the findings of any research, surveying the entire population avoids sampling error.

REVIEW OF THE LITERATURE

In 1979 Conine,Smith and Jackson reported the results of curriculum evaluation by 116 students who had completed an Indiana University Master of Science degree. The degree was "specifically aimed at the education of Allied Health specialists for teaching careers in academic, clinical and laboratory settings"(221) Based on the responses of 108 participants, Conine, et al., reported that the majority of the graduates were satisfied with obtaining the degree. In addition, a majority "felt more developed personally" and "believed the program gave them the insight, knowledge and skills they needed." Critical mention was made of the university's inability "to provide more graduate level courses, specific to each of the allied health disciplines" (223). Also noted were deficiencies of course content in Computer Sciences, Legal Aspects, and Management in Health and Education. Foundation courses in Education were described by some as "a waste of time".(224)

In 1980 the graduate program in Allied Health teacher education and administration offered jointly by Baylor College of Medicine, the University of Houston, and Texas A/M university, conducted a follow-up of their 94 graduates of both the master's and doctoral degrtees. The major question of the evaluation was "Has the program accomplished its objectives of preparing faculty and administrators for the Allied Health?"(44)

The evaluation findings were favorable. Based upon responses of 80 graduates (85%) the authors reported that 59 percent of the graduates hold full time faculty appointments and 35 (44%) were

considered leaders. Leadership was based on position titles such as Departmental Chairperson, Program Director, Educational Coordinator, and Director of Field Services. Publications, grantsmanship and holding office in professional organizations were also accepted as evidence of leadership. The report of the level of job satisfaction as evidenced by academic rank, salary, and administrative responsibilities also indicated an overwhelming general attitude of approval.

Development of the instrument:

Realizing the amount of information desired ,it was decided that a variety of inquiry items and procedures would facilitate collection of information.The instrument therefore,would include both "ranking scales" and "open ended items" in addition to various sociological informational items.

Ranking scale.

Moore verified the use of ranking scales to assess "perceptions, attitudes, values, and behavior" using self-report measures.(202) Further, Moore stated that "In order to assess ... more subjective and intangible components ... we construct a numerical and a descriptive scale to rate or rank a perception."(202)For this study, therefore, two ranking scales were created. First,a three alternative scale(satisfactory, no comment, and unsatisfactory) was designed to provide information regarding various services offered on the university campus.(See Questionnaire, Figure 2) Second,a five point Likert scale was designed to evaluate nine statements describing components of the existing and possible new curriculum.(See Questionnaire, Figure 4)

Open-ended items.

According to Polit "open-ended items allow subjects to respond to a question in their own words"(327).She also reported that " the decisions to use open and closed questions" are also based on "the sensitivity of the topic, the verbal ability of the respondents, and the amount of time available".She recommended using both open and closed questions in order to offset the "weakness of each".(330) In keeping with Polit's rationale, open

ended items were used in this study to seek information regading current and prior employment sites and employment titles.(See Questionnaire, Figure 1)

Participants who had acquired Vocational Teacher Certificates were also asked to respond to additional items. The curriculum being evaluated provided opportunity to acquire "Certification"as a Secondary Health Occupations Education teachers.General questions with "yes" and "no" alternatives were accompanied with space for "comments" to provide opportunity for those who had acquired that certification during their program of studies resulting in the baccalaureate degree.(See Questionnaire,Figure 2).Since not all characteristics of the program were included in specific items; respondents were asked to indicate strong and weak points of the program.(See Questionnaire,Figure 3)

Published information including Department of Labor statistics, indicate an ever increasing number of women in the labor market. Studies of career patterns, including women in traditional occupations, include"Many woman still cling to the traditional view that women's primary role is in the home"(Broschart, 1979)"They avoid the conflict of combining home roles and demanding but rewarding careers by setting priorites and putting family responsibilities first, ahead of occupational goals."(Chusimir 1983) Since the majority of the graduates were women, one section related to the situation of "not employed as an instructor/educator".(See Questionnaire, figure 3) Since all of these previously enrolled students were required to have health care credential(s); there was a desire to identify employment as a health care practitioner and/or as an educator.

UNDERGRADUATE COMPLETER'S FOLLOW-UP

1983

Background Information:

Health Care Credential (such as Rad. Tech., R.N., Respiratory Therapy, etc.)

_____

Period of enrollment in bachelor's program: Full or part time student:

_____ to _____ Full time____ Part time____

Date of graduation:_____

Present employer: _____ Present employment title:_____

Present educational status: (check level completed)

___ M.S. in Education

___ M.S. in _____

___ Ph.D. or Ed.D. in Education

___ Ph.D. or Ed.D. in _____

___ Continuing education (workshops, etc.)

___ Currently enrolled in graduate studies

___ Never enrolled in graduate studies.

Health Care Employment before entering Bachelor's in Health Occupations Education Program: (You may use back of page if needed)

Place	Dates	Duties

Employment during HOE program:

Employment following completion of the baccalaureate degree:

Please rate the following:

	Satisfactory	No Comment	Unsatisfactory
Financial Aid			
Parking			
Faculty			
Advisors			
Library - Dental			
Library - Blake Street			
Library - Medical			
Bookstore Services			
Registration Procedures			
Class Schedules (Time)			
Course Availability			
Student Services			

For those persons who have achieved Vocational Teaching Certificates:

Did you accept a position as a secondary or postsecondary vocational teacher?

Yes____ No ____ Comments _____

_____

Was the certification coursework sufficient preparation?

Yes____ No ____ Comments_____

_____

QUESTIONNAIRE FIGURE 2

Did you believe that the program had prepared you well during your first teaching responsibility (following graduation)?

Yes ____ No ____ Comments _____

_____

During your current employment do you consider yourself well prepared for teaching responsibilities?

Yes ____ No ____ Comments _____

_____

Would you recommend this program of studies to other persons who have your health care credential?

Yes ____ No ____ Comments _____

_____

If you are currently not employed as an instructor/educator please suggest reasons by considering the following:

____ There are no teaching positions in my discipline within commuting distance.

____ Personal/family responsibilities discourage employment at this time.

____ My preference for part time employment is better accommodated as a practitioner rather than an educator.

____ Other _____

Please provide information from your perspective on the following:

Program Strong Points: _____

_____

Program Weak Points: _____

_____

Include any information you believe would assist the program planners in revising the curriculum, the arrangement of courses (including when they are scheduled) and admission requirements under

Additional Comments:

_____

_____

QUESTIONNAIRE FIGURE 3

Key: SA = Strongly Agree
A = Agree
NC = No Comment
D = Disagree
SD = Strongly Disagree

Based upon your personal experience:

Check one column for each question

	SA	A	NC	D	SD
The Health Care Occupational requirement (2 years) should be continued.					
The student teaching experience should be required of all persons completing the degree, even experienced teachers.					
A separate course in Curriculum design/development would be beneficial.					
Additional emphasis on classroom management should be promoted by a course with management as its emphasis.					
Test construction is such an important part of teaching, a separate course in test construction should be required.					
There is no particular advantage to being a full time student, since the program of studies is designed to accommodate either part time or full time students.					
A special HOE course dealing with the Legal Aspects of HOE should be added to the curriculum.					
Changing from the practitioner role to educator has been a reasonable and practical outcome of the HOE/AHOE program.					
The current composite of the 45 credit hour General Education requirement, i.e., 15 hours Humanities, 15 hours Social and Behavioral, 15 hours Life and Physical Science provides an acceptable balance.					

QUESTIONNAIRE FIGURE 4

Sociological variables.

Included as areas in the study were these sociological variables:

1.credential(s),

2.current and prior employment site(s),

3.current and prior employment title(s),

4.interval(time) of enrollment and

5.additional education.

Credential(s) was included in order to display the variety of credentials held by the graduates. The employment site(s) and title(s) were included to secure information relating to "progression". Interval of enrollment was included in order to confirm the representativeness of those responding to those actually enrolled during the various intervals. The pursuit of "additional education" was included to provide additional dimension to graduates' current status.(See Questionnaire, Figure 1)

VALIDITY

Face validity is defined by Moore as "a professional appraisal of what appears to be valid for the content the questionnaire attempts to measure" . (212) Face validity of this instrument was achieved by presenting the proposed questionnaire to graduate students pursuing a Masters in Education with an Health Occupations Education major.These currently enrolled graduate students were an appropriate validating group because enrollment in the graduate program requires health care credential(s), occupational experience and a baccalaureate degree. Included in

the graduate students were Physical Therapists, Medical Laboratory Technologists, Respiratory Therapists, Radiologic Technologists and Registered Nurses.

PRETEST

The questionnaire was pretested using the procedures identified by Isaac and Michael. These procedures include "1. Select a sample of individuals who are respresentative of the population toward which the questionnaire is eventually intended.

2. Provide space on the trial questionnaire for the respondents to make reactions and suggested changes.

3. Administer the pretest under conditions comparable to those anticipated in the final study.

4. Check the percent of responses as an estimate of what will occur in the final run ...Check for similar indications (misinterpretations and ambiguities).

5. Analyze the results to assess the effectiveness of the trial questionnaire to yield the information desired.

6. Make appropriate additions, deletions and modifications to the questionnaire.

7. Overall reaction of subjects to the questionnaires...what did they like, dislike, or want modified?"(94)

The sample selected for the pretesting of the instrument was comprised of senior students, in the School of Education with a major in Health Occupations Education. These students were appropriate because, with the exception of not yet having earned the bachelor's degree, they were almost identical to the group to be surveyed. Students were asked to complete the questionnaire and were permitted to return the completed instrument anonymously. Following the pretest, the questionnaire was revised to incorporate the suggestions from the pretest

participants.

FINDINGS AND DISCUSSION

Of the 148 questionnaires mailed , a total of 16 were undeliverable because of address changes. Seventy instruments were completed and returned and sixty- seven instruments (51%) served as the data base for the report.Based on 132 deliverable questionnaires,this number was deemed appropriate because, as Kerlinger (1973) warned "Responses to mail questionnaires are generally poor. Returns of less than 40 or 50 per cent are common. Higher percentages are rare. At best, the researcher must content himself with returns as low as 50-60 per cent."(414)

The following health care credentials were reported:

9 Dental Hygienists,

23 Registered Nurses,

16 Radiology Technicians,

1 Physical Therapist,

5 Dental Assistants,

1 Certified Occupational Therapy Assistant,

3 Licensed Practical Nurses,

1 Dental Laboratory Technician,

2 Certified Medical Assistants,

1 Emergency Medical Technician,

3 Medical Laboratory Technicians,and

2 Respiratory Therapists.

Years of enrollment, was requested in order to verify patterns of enrollment and to compare respondent representativeness of actual enrollment. Respondents reported enrollments from 1970 to 1982.

During those 12 years, the peak period of enrollment was during the 1975-1978 interval.Forty-three respondents reported enrollment during 1978; 41 reported enrollment during 1977, 41 were enrolled during 1976 and 33 were enrolled during 1975.Beyond these peak enrollments, only three indicated 1970 and thirty-three reported enrollment during 1975.

The pattern of reported enrollments by respondents is similar to the actual pattern of enrollment,verifying the representativeness of the respondents.

The pattern of enrollment was further verified by the reported 60 who listed themselves as "part time " students , the reported 9 full time students reflect the respondents indicating both a "part time and full time" enrollment pattern. Questionnaire,Figure 1, includes the portion of the questionnaire relating to enrollment.

Education was reported in a variety of formats. The Masters in Education is the achievement reported by 12(18%). Three report a Masters degree in an area other than Education. No Ph.D. or Ed.D. completions were reported , although 25(37%) reported current enrollment in graduate studies. Continuing Education was pursued by 23(34%) according this survey, while 20(30%) reported they have never enrolled in any additional studies. Although no comparable report of other graduates of the School of Education is available for comparison,the information reported by the respondents is cited as a trend and labelled progress for purposes of this study. An underlying premise to any

baccalaureate degree is its foundational quality as a basis for additional studies.

Responses by participants holding Vocational teaching Certification indicated that only 6 had accepted a teaching position as a secondary or postsecondary vocational teacher while 9 stated they had not. Of these,13 verfied that the certification coursework was sufficient preparation whereas only 6 stated it was not.

Forty two respondents(63%)believed that the program had prepared them well for their first teaching responsibility (following graduation); only 2 indicated a negative evaluation to that item. Fifty participants responded to the question "During your current employment do you consider yourself well prepared for teaching responsibilities?";all responded affirmatively.Similarly, 52 participants responded, all favorably, to the question "Would you recommend this program of studies to other persons who have your health care credential?"

Questionnaire,Figure 3 includes the item which seeks reasons "If currently not employed as an instructor/educator ".Of the participants who were not employed as an instructor/educator, only 36(54%) supplied reasons for not being employed as a teacher and, of those,36,9 indicated that there were no teaching positions conveniently available in their discipline; 6 indicated that personal/family responsibilities discouraged employment; 6 selected "my preference for part time employment is better accommodated as a practitioner rather than an educator"; 15 chose

the "other" category.

To quantify the results of the 5 point Likert scale, a value of 5 was given to the strongly agree category and the interval value decreased to 1 for the strongly disagree category (Refer to Questionnaire, figure 4 . The agree category was the most predominant result (mode). The range of means calculated for each of the nine statements was 4.41. to 3.48. The alternative of no comment in a Likert scale is intended to provide the respondent a noncommital response. The adjusted means (where both the frequency and the value of the "no comment" were discarded, but the other values are retained) ranged from 4.40 to 3.82. The mean and adjusted mean responses to each of the items in this category are included in Figure 6.

Findings; Analysis of Open-ended Items

The procedure for analysis of open-ended items as described by Polit is "often problematic and time consuming. The procedure that is normally followed is the development of categories and the assignment of the open-ended responses to those categories. That is, the researcher essentially transforms the open responses to a fixed category in a post hoc fashion so that tabulations can be made."(328)

Using such a self designed categorization, information supplied by respondents to Questions of Employment,Questionnaire,Figure 1,was categorized and then interpreted to infer the relative success of the program.

The first categorization that was devised related to current employment title.Three alternatives were established to allow placement of all responses:(1) In Education or Education related,(2)in Health Occupation discipline,i.e., credential(s)

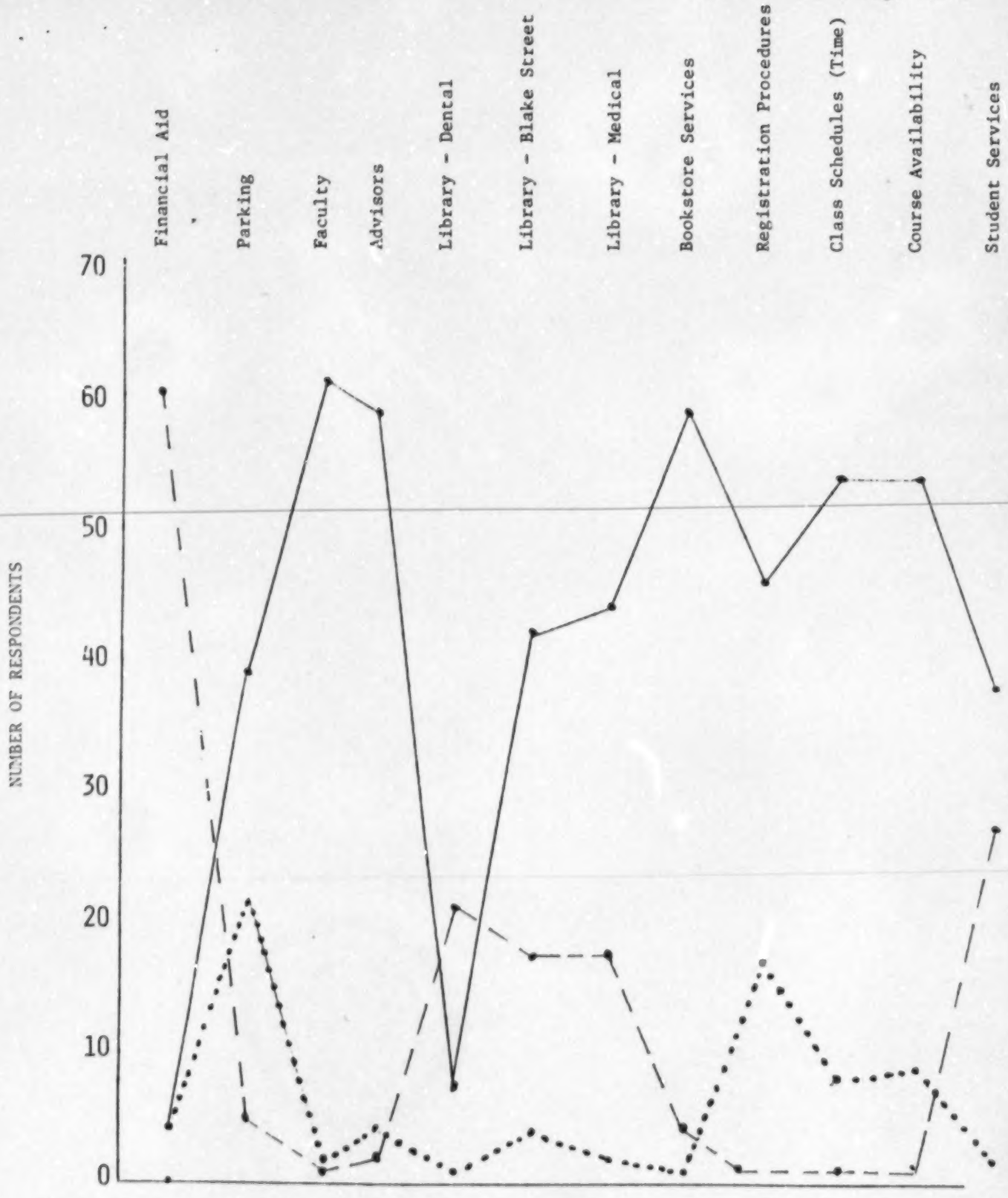
Financial Aid
Parking
Faculty
Advisors
Library - Dental
Library - Blake Street
Library - Medical
Bookstore Services
Registration Procedures
Class Schedules (Time)
Course Availability
Student Services
70
60
50
40
30
20
10
0
NUMBER OF RESPONDENTS
Code:
Satisfactory
No comment
Unsatisfactory

FIGURE #5

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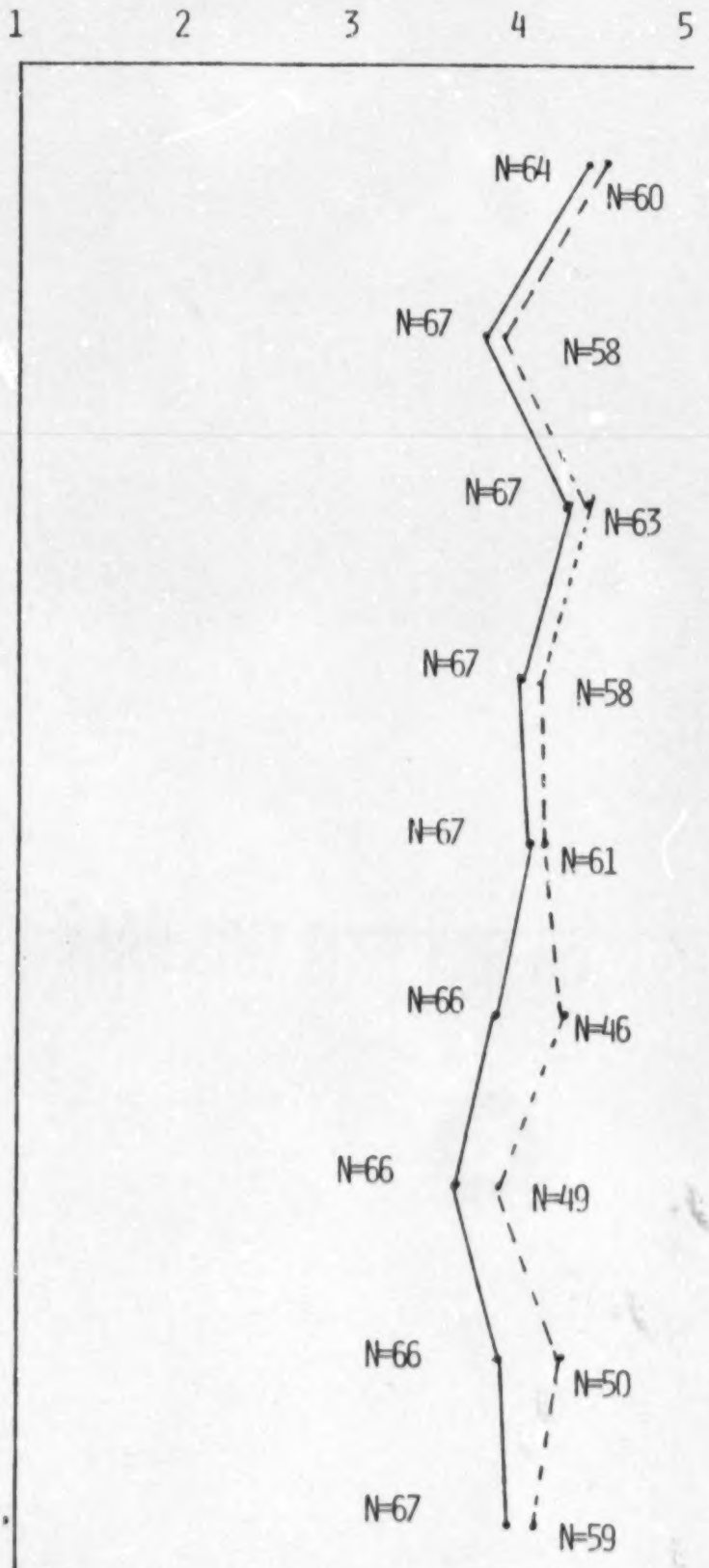
1
2
3
4
5
The Health Care Occupational requirement (2 years) should be continued.
N=64
N=60
The student teaching experience should be required of all persons completing the degree, even experienced teachers.
N=67
N=58
A separate course in curriculum design/development would be beneficial.
N=67
N=63
Additional emphasis on classroom management should be promoted by a course with management as its emphasis.
N=67
N=58
Test construction is such an important part of teaching, a separate course in test construction should be required.
N=67
N=61
There is no particular advantage to being a full time student, since the program of studies is designed to accomodate either part time or full time students.
N=66
N=46
A special HOE course dealing with the Legal Aspects of HOE should be added to the curriculum.
N=66
N=49
Changing from the practitioner role to educator has been a reasonable and practical outcome of the HOE/AHOE program.
N=66
N=50
The current composite of the 45 credit hour General Education requirement, i.e., 15 hours Humanities, 15 hours Social and Behavioral, 15 hours Life and Physical Science provides an acceptable balance.
N=67
N=59
Mean
Adjusted mean----------

FIGURE 6

(3)unemployed. In those categories, 41 (61%)were in Education as Instructor,

Staff Development person,Clinical Instructor,Clinical Coordinator,Assistant Professor,Education Coordinator,Assistant Program Director,Program director,Division Chair, andCurriculum Director.

Twenty four (36%) were in the Health Occupation discipline. Among those categorized as employed in their Health Occupation discipline, the credential(s) included;Registered Nurse,Medical Technician,Dental Hygienist,Licensed Practical Nurse, Certified Occupational Therapy Assistant,and Radiologic Technologists.

Of The two who were self listed as unemployed, one indicated a previous education related employment title.

Secondly,in order to categorize the advancement(progress) of the respondents, current employment titles were compared to those listed prior to enrollment.Categories for advancement were developed based on three premises:(1)sometimes an individual must change his/her employment site in order to change employment titles. In contrast,(2) many individuals establish and maintain long term affiliation with select institutions and also are able to change their employment titles. Finally,(3) some individuals maintain long affiliations with employing agencies and fundamentally do not change roles.The three categories of advancement construed from these premises were:

1. change of employment title, with no change of employer, agency or institution;

2. change of employment title, with change of employer, agency or

institution; and

3 no change in employment title or employer, agency or institution.

Using the above schema, 23(34%) respondents changed employment title while remaining at the same institution(category 1). Twenty six (39%)respondents changed both title and employer(category 2).Eighteen (27%)were categorized as having made no change(category 3). Since no attempt was made to elicit other information from the respondents that would collaborate advancement (salary,number of persons supervised, steps or levels within an employment category) no other precise indices of advancement were included. However, based upon employment title and when (in relation to enrollment) the changes occurred, it is assumed that 49(73%) former students realized change after enrollment and this is interpreted as progress made and program of studies success.

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CONCLUSIONS

The strongest indication of achieving the program objectives is expressed by the large number(41) of respondents who reported an employment title commonly found in an educational setting. In addition, favorable responses to the questions "did you believe the program had prepared you well during your first teaching responsibility?" and "during your current employment do you consider yourself well prepared for teaching responsibilities?", provided further and overwhelmingly favorable evidence of curriculum success.

The rating of services and curricular content is also indicative of graduate satisfaction. This satisfaction is evidenced by the recurring "agree" evaluation on the Likert scale items (courses,content and enrolment) and the general rating of "satisfactory" in the three alternatives scales relevant to services. Regarding curricular content, the minimal differences recorded in reference to specific course offerings are considered appropriate for providing direction for course improvement.

Subsequent investigation, particularly inquiry of employers and significant others would be necessary to confirm the inferred outcomes of this study. Evaluation of instructional materials and monitoring of instructional activities would be necessary to confirm beyond a doubt that the program is successful in achieving its objectives. Currently, however, curriculum planners can incorporate suggested changes.

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